

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-040015  
10138  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10138

FILED OCT 29 1962

VS 300  
Rev. 4/59

1

2 208

3

4 1

5 1

6

7 0

8 1

9

10

11

12 52-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MISSOURI

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION BARNES HOSPITAL

Length of stay in 1b

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN ST. LOUIS

d. STREET ADDRESS

(If outside, give location) 1325 VERONICA

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

GLADYS

Middle

E.

Last

BOEHMER

4. DATE OF DEATH

OCTOBER

22

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒Widowed ☐

## 8. DATE OF BIRTH

1-20-1898

## 9. AGE (last birthday)

64

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Julius Wempner

## 13b. MOTHER'S MAIDEN NAME

Eliz. Portman

## 14. NAME OF HUSBAND OR WIFE

Waldo H.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

W.H. Boehmer

## Address

1325 Veronica

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CONGESTIVE HEART FAILURE

## INTERVAL BETWEEN ONSET AND DEATH

3 1/2 WEEKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

## DUE TO (c)

4200

## YEARS

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## GENERALIZED ARTERIOSCLEROSIS

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from OCT. 15, 1962 to OCT. 22, 1962 and last saw her alive on OCT. 22, 1962

Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

C. E. Vermillion, M.D.

## (Degree or title)

## M. D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

10/22/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10-24-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Laurel Hills

## 23d. LOCATION (City, town, or county)

ST. LOUIS, MO

## (State)

## 24. FUNERAL DIRECTOR

O'Sullivan Muehle Koon

## ADDRESS

8806

## 25. DATE RECD. BY LOCAL REG.

OCT 23 1962

## 26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Hubert J. Gan Jr.*

Licensed Embalmer No. 4800

P. O. Address

*Kirkwood 22 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.